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Bib Data Sheet

CONFIRMATION NO. 3685

|  |   |                                   |   |   |                                |
|--|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/072,938   | <b>FILING DATE</b><br>02/12/2002<br><b>RULE</b>   | <b>CLASS</b><br>370               | <b>GROUP ART UNIT</b><br>2067<br>2668   | <b>ATTORNEY DOCKET NO.</b><br>FENG3003/EM |                                |
| <b>APPLICANTS</b><br>Jung-You Feng, Hsinchu, TAIWAN;<br>** CONTINUING DATA ***** No, HN<br>** FOREIGN APPLICATIONS ***** No, HN  |   |                                   |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b><br>** 03/05/2002  |   |                                   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>HN</i><br>Acknowledged <i>HN</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>11                 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>23364  |   |                                   |   |   |                                |
| <b>TITLE</b><br>Bandwidth control method and device for network switch   |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>370  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |